

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

RECEIVED

DEC 18 2017

THOMAS B. CRUTON
CLERK, U.S. DISTRICT COURT

MICHAEL JOHNSON

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 17-50383
(To be supplied by the Clerk of this Court)

LT. HAENITZSCH, % Phillips,
% Ripsky, % Oitzel,
SUPERINTENDANT HENDRICKS,
LT. NEWMAN, LT. KINUDSON,
COUNSELOR HERNANDEZ,
JOHN R. VARGA

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: MICHAEL JOHNSON
- B. List all aliases: N/A
- C. Prisoner identification number: R63104
- D. Place of present confinement: DIXON CORR. CTR.
- E. Address: 2600 N. BRINTON AVE., DIXON, IL 61021

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: MR. HAENITSCHE
Title: LIEUTENANT
Place of Employment: SAME AS PLAINTIFF ABOVE
- B. Defendant: MR. PHILLIPS
Title: CORRECTIONAL OFFICER
Place of Employment: SAME AS PLAINTIFF'S ABOVE
- C. Defendant: MR. HIPSKY
Title: CORRECTIONAL OFFICER
Place of Employment: SAME AS PLAINTIFF'S ABOVE

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

- DEFENDANTS CONTINUED -

I. Plaintiff(s):

- A. Name: _____
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: _____
- E. Address: _____

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: MR. DITZLER
- Title: COBBECTIONAL OFFICER
- Place of Employment: SAME AS PLAINTIFF'S ABOVE

- B. Defendant: MR. HENDRICKS
- Title: ~~COBBECTIONAL OFFICER~~ SUPERINTENDANT
- Place of Employment: SAME AS PLAINTIFF'S ABOVE

- C. Defendant: MR. NEWMAN
- Title: LIEUTENANT
- Place of Employment: SAME AS PLAINTIFF'S ABOVE

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

DEFENDANTS CONTINUED

DEFENDANT: MR. KINUOSON BADGE #8090

TITLE: LIEUTENANT

PLACE OF EMPLOYMENT: SAME AS PLAINTIFF'S ABOVE

DEFENDANT: COUNSELOR HERNANDEZ, JOSE A.

TITLE: CORRECTIONAL COUNSELOR

PLACE OF EMPLOYMENT: SAME AS PLAINTIFF'S ABOVE

DEFENDANT: JOHN R. VARGA

TITLE: CHIEF ADMINISTRATIVE OFFICER / WARDEN

PLACE OF EMPLOYMENT: SAME AS PLAINTIFF'S ABOVE

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES (☒) NO () If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES (☒) NO ()

C. If your answer is YES:

1. What steps did you take?

I FILED AN EMERGENCY
GRIEVANCE TO THE WARDEN WHO RESPONDED
I THEN SENT IT TO THE COUNSELOR WHO
NEVER REPLIED.

2. What was the result?

I ALSO SENT A COPY OF THE
GRIEVANCE TO THE GRIEVANCE OFFICER & TO
THE A.H.B. IN Springfield TO NO AVAIL.

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

I SENT A COPY TO THE A.H.B. TO APPEAL
BUT MY GRIEVANCE WAS NEVER RETURNED.

D. If your answer is NO, explain why not:

E. Is the grievance procedure now completed? YES (✓) NO ()

F. If there is no grievance procedure in the institution, did you complain to authorities? YES () NO ()

G. If your answer is YES:

1. What steps did you take?

ALL THE STEPS I WAS
REQUIRED TO TAKE IN ACCORDANCE
WITH THE PLBA.

2. What was the result?

H. If your answer is NO, explain why not:

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: JOHNSON V. PHENTICE et al
1:10-cv-01244-CGB.
- B. Approximate date of filing lawsuit: JUNE OR JULY OF 2010.
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: MICHAEL JOHNSON.
- D. List all defendants: SUGAN PHENTICE, ANDREA MOSS, KELLY HAAG, LINDA DUCKWORTH, DR. MORANO, SCOTT MCCORMICK, R. GOELADE, STEPHEN LANTERMAN, ANDREW TILDEN, 1/0 OEVRIES, 1/0 MYERS, 1/0 HENKEL, SGT. GASPER, LT. BOLAND, MAJOR HASS HASOALL, MS KELLY, TERRY KENNEDY, MICHAEL METVIN, WEXFORD.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. DISTRICT COURT, CENTRAL DISTRICT, SPRINGFIELD
- F. Name of judge to whom case was assigned: COLIN STEHLING BRUCE.
- G. Basic claim made: A TOTALITY OF CONDITIONS CLAIM WITH MULTIPLE ISSUES RAISING AN EIGHTH AMENDMENT CLAIM.
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): IT IS STILL PENDING.
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: JOHNSON V. BLANCHARD et al
1:17-cv-01146-6LD
- B. Approximate date of filing lawsuit: MARCH OR APRIL OF 2017
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: MICHAEL JOHNSON
- D. List all defendants: DILLON G. BLANCHARD, OFFICER BRITON,
LIEUTENANT ROBINSON
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. DISTRICT COURT OF ILLINOIS, CENTRAL
DISTRICT
- F. Name of judge to whom case was assigned: SABA OARROW
- G. Basic claim made: EXCESSIVE USE OF FORCE 8th
AMENDMENT VIOLATION
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): still PENDING
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: JOHNSON V. SULLIVAN
DOCKET NUMBER NOT AVAILABLE
- B. Approximate date of filing lawsuit: IN 2014 OR 2015
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: MICHAEL JOHNSON
- D. List all defendants: % SULLIVAN
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. DISTRICT COURT OF IL. IN SHELBY COUNTY
- F. Name of judge to whom case was assigned: JAMES SHADID
- G. Basic claim made: EXCESSIVE USE OF FORCE, VIOLATION OF 2ND AMENDMENT RIGHT TO THE U.S. CONSTITUTION.
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): VERDICT IN FAVOR OF THE DEFENDANT
IT WAS NOT APPEALED
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: JOHNSON V. MOSS
~~DOCK~~ DOCKET NUMBER NOT AVAILABLE
- B. Approximate date of filing lawsuit: 2014
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: MICHAEL JOHNSON
- D. List all defendants: ANABEA MOSS, MICHAEL DEMPSEY
ONE OR TWO I CAN'T REMEMBER
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. DISTRICT COURT ???
- F. Name of judge to whom case was assigned: N/A - DON'T REMEMBER
- G. Basic claim made: 8th AMENDMENT VIOLATION - DENIAL OF
MENTAL HEALTH AND MEDICAL TREATMENT AMONGST OTHER
THINGS
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): IT WAS DISMISSED AT THE DEBIT REVIEW
STAGE
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: JOHNSON V. ZOOK I THINK?
DOCKET NUMBER UNKNOWN
- B. Approximate date of filing lawsuit: 2014 OR 2015
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: MICHAEL JOHNSON
- D. List all defendants: ANOTHER MOSS, Lt. ZOOK, & ABOUT 3
OTHER CORRECTIONAL OFFICERS
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): CENTRAL DISTRICT ???
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: EXCESSIVE USE OF FORCE & DENIAL
OF MEDICAL TREATMENT IN VIOLATION OF THE 8th
AMENDMENT
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): I DISCONTINUED IT DUE TO MY
INABILITY TO LITIGATE IT
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: JOHNSON V. ~~BUCHENAE~~ BUCHENAE?
CASE/DOCKET NUMBER UNKNOWN
- B. Approximate date of filing lawsuit: 2012
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: MICHAEL JOHNSON
- D. List all defendants: ZACHARY BUCHENAE? & OTHERS
MAYBE ONE OR TWO I DON'T REMEMBER.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. DISTRICT COURT, CENTRAL DISTRICT
- F. Name of judge to whom case was assigned: N/A DON'T REMEMBER
- G. Basic claim made: EXCESSIVE USE OF FORCE - 8th
AMENDMENT VIOLATION AND DENIAL OF MEDICAL
ATTENTION
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): IT WAS DISMISSED? I DIDN'T APPEAL
BECAUSE I DID NOT KNOW WHAT I WAS DOING
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

- A. NAME OF CASE AND DOCKET NUMBER: JOHNSON V. STUCK
- B. APPROXIMATE DATE OF FILING LAWSUIT: 2013
- C. LIST ALL PLAINTIFFS, INCLUDING ANY ALIASES:
MICHAEL JOHNSON
- D. LIST ALL DEFENDANTS: LT. STUCK, ⁰/₂ ABOUT 4 OR 5
OFFICERS ⁰/₂ A NURSE OR TWO
- E. COURT IN WHICH THE LAWSUIT WAS FILED: U.S. DISTRICT
COURT, ~~EXETER DISTRICT~~ SOUTHERN DISTRICT
- F. NAME OF JUDGE TO WHOM CASE WAS ASSIGNED:
N/A DON'T REMEMBER
- G. BASIC CLAIM MADE: EXCESSIVE USE OF FORCE - 8th
AMENDMENT VIOLATION AND DENIAL OF MEDICAL ATTENTION
- H. DISPOSITION OF THIS CASE: IT WAS DISMISSED ⁰/₂ I DIDN'T
APPEAL BECAUSE I DID NOT KNOW WHAT I WAS DOING
- I. APPROXIMATE DATE OF DISPOSITION: N/A

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: JOHNSON V. HAIFACHE, et al
CASE # DOCKET NUMBER NOT AVAILABLE
- B. Approximate date of filing lawsuit: 8-15-17
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: MICHAEL JOHNSON
- D. List all defendants: DEBION HAIFACHE, Lt. BEMMERS, Lt. BELL,
C/O BELL, C/O JONES, C/O SILVA, C/O BITTER, C/O GARCIA, JOHN VARGA,
C/O ZACCARO, MR. WOOLLEN, MS. WEIGANO, NURSE ENGELS,
MR. STANKO.
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): U.S. DISTRICT COURT, NORTHERN DISTRICT, WESTERN DIVISION
- F. Name of judge to whom case was assigned: DON'T HAVE ONE YET
- G. Basic claim made: 8th AMENDMENT VIOLATION
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): I JUST FILED IT
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON 4-12-17 I WAS ASSIGNED TO CELL # 16 ON D-WING OF X-HOUSE BY OFFICER PHILLIPS & LIEUTENANT HAENITSCHE. ONCE I WAS SECURED IN THE CELL I OBSERVED UPON EXAMINATION OF THE CELL DRIED UP FECES SPREAD IN VARIOUS AREAS THROUGHOUT THE CELL. DRIED UP FECES IS ON THE LOWER WALLS AT BOTH ENDS OF THE BUNK. IT IS ALSO SPREAD ALL OVER THE HEATER VENT & ON THE METAL BED FRAME, TOP & BOTTOM. DRIED UP SPIT IS ALL OVER THE WALLS. THE CELL IS FILTHY & UNSANITARY. I INFORMED LIEUTENANT HAENITSCHE & OFFICER PHILLIPS OF THE SITUATION & LIEUTENANT HAENITSCHE RESPONDED BY TELLING ME I SHOULDN'T HAVE REFUSED HOUSING. OFFICER ~~PHILLIPS~~ PHILLIPS JUST LOOKED AT ME NOT RESPONDING. I TOLD BOTH THAT THE CELL NEEDED CLEANING & I ASKED FOR CLEANING SUPPLIES & I WAS DENIED. THE NEXT DAY ON 4-13-17 I INFORMED OFFICER HIPSKY OF THE SITUATION AS RELATED ABOVE & HE FLAT OUT IGNORED ME. I AM IN A ROOM RESTRICTION STATUS WHERE I AM IN A CELL 23 HOURS A DAY & AM ALLOWED OUT OF CELL TIME ONE HOUR PER

DAY. THERE IS A PARTICULAR INMATE WHO SPREADS FECES
 ALL OVER HIMSELF & IN EVERY CELL HE GOES IN. THIS IS
 A MENTAL HEALTH UNIT (RESIDENTIAL TREATMENT UNIT)
 & THE CELLS ARE NOT BEING CLEANED PROPERLY. OFFICER
 PHILLIPS WAS THE OFFICER WORKING O-WING ON THE 7 TO 3
 SHIFT. THAT INMATE WAS IN THIS CELL AT ONE POINT BEFORE
 I GOT ASSIGNED TO IT. I AM COMPLETELY INDIGENT & CAN
 NOT BUY CLEANING SUPPLIES ON MY OWN. I AM ~~COMPLETELY~~
 AT THE COMPLETE MERCY OF CORRECTIONAL OFFICIALS. ALSO,
 ON 3-7-17 I WAS PROVIDED WITH A MATTRESS THAT WAS
 UNSANITARY & FILTHY THAT WAS TORN BADLY & CLUMPED UP
 & REMINISCENT OF A BEAN BAG. TO PROTECT MYSELF, &
 TIRED OF SLEEPING ON A METAL BEDFRAME, I ASKED FOR
 SOME PLASTIC BAGS TO COVER THE MATTRESS UP & WAS ALLOWED
 TO DO SO AT THAT TIME. HOWEVER, ON 4-12-17 I WAS ~~MADE~~
~~MADE TO GIVE THE PLASTIC BAGS~~ MADE TO GIVE THE PLASTIC
 BAGS TO OFFICER PHILLIPS & LIEUTENANT HAENITSCHE WHO
 BOTH TOLD ME THAT I WAS NOT ALLOWED TO HAVE PLASTIC
 BAGS. I EXPLAINED AT LENGTH THE VIBE NEED FOR THE PLASTIC BAGS
 PERTAINING TO THE SAFETY & HEALTH OF MY SKIN (THE BIGGEST
 ORGAN OF THE BODY) & NONE OF THIS WAS TAKEN INTO ~~CONSIDERATION~~
 CONSIDERATION. I WAS MADE TO GIVE THE BAGS UP TO OFFICER
~~PHILLIPS~~

Phillips : AM NOW BEING FORCED TO SLEEP ON AN
 UNSANITARY MATTRESS. I HAVE WORKED SO HARD TO
 CURB SKIN INFECTIONS : I AM NOW BREAKING OUT ALL
 OVER AGAIN. SEE EXHIBIT A : B ATTACHED.
 ON 4-17-17, IN THE COMMUNITY GROUP MEETING
 IN THE A.M. HOURS ON D-WING OF X-HOUSE,
 I VERBALLY INFORMED MENTAL HEALTH PROFESSIONAL
 MISS WOODS : CORRECTIONAL OFFICER DITZLER,
 WHO WAS WORKING THE WING, THAT I AM IN
 A CELL WITH FECES ALL ON THE WALLS : BED-
 FRAME : THAT MY EVERY ATTEMPT TO HAVE THE
 CELL CLEANED PROPERLY OR IN THE ALTERNATIVE
 HAVE ME MOVED TO ANOTHER CELL IS BEING ~~IGNORED~~
 IGNORED, FALLING UPON DEAF EARS, : BRUSHED
 OFF. MHP MISS WOODS WROTE DOWN SOMETHINGS
 : SAID SHE WOULD TRY TO HAVE THE ISSUE
 ADDRESSED. I THEN TURNED TO OFFICER DITZLER :
 ASKED HIM FOR CLEANING SUPPLIES TO CLEAN UP THE
 FECES OR BE MOVED TO ANOTHER CELL : OFFICER
 DITZLER TOLD ME TO STOP BEING DISRESPECTFUL
 WHILE MISS WOODS IS TALKING : ULTIMATELY
 IGNORED ME. AFTER GROUP I SPECIFICALLY
 ASKED HIM TO SEE A LIEUTENANT TO ADDRESS
 THE ISSUE WHILE ME : % DITZLER WERE
 WALKING TO MY CELL TO LOCK ME UP : HE TOLD
 ME IF HE WASN'T TOO BUSY. I CAUGHT

LIEUTENANT NEWMAN ON THE GALLERY ⁰⁰ relayed
 THE ISSUE TO HIM ⁰⁰ HE WROTE SOMETHING DOWN
⁰⁰ ~~THE~~ ~~HE~~ ~~HE~~ ~~HE~~ ~~HE~~ ~~HE~~ TOLD ME ⁰⁰ HE WOULD
 SEE WHAT'S AVAILABLE ⁰⁰ MOVE ME. BEING IN CLOSE
 QUARTERS ⁰⁰ CONTACT WITH EXCREMENT, BOOILY
 WASTE, IS A MAJOR HEALTH HAZARD ⁰⁰ JUST
 CHUCEL ⁰⁰ UNUSUAL TO THE UTMOST. MY FOOD IS
 BROUGHT TO MY CELL. SINCE I'VE BEEN IN THIS
 CELL I HAVE NOT BEEN EATING EXCEPT WHEN I
 AM EXTREMELY HUNGRY. ALL THE ABOVE HAPPENED
 ON THE 7 TO 3 SHIFT. I ALSO TOLD SUPER-
 INTENDENT HENRICKS ABOUT THE ISSUE OF
 ME BEING EXPOSED TO SOMEONE ELSE'S FECEES
 IN MY CELL ⁰⁰ HE WROTE SOMETHING DOWN ⁰⁰
 TOLD ME HE WOULD TRY ⁰⁰ GET ME MOVED.
 THIS TOOK PLACE ON THE 7 TO 3 SHIFT ALSO. I
 ALSO TOLD LIEUTENANT KINUOSON WHO TOLD
 ME HE WOULD LOOK INTO THE MATTER. SHORTLY
 AFTER I TOLD LT. KINUOSON ⁰⁰ OITZLER ⁰⁰
 AN INMATE WORKER, PORTER, CAME ⁰⁰ BROUGHT
 ME A MILK CARTON WITH A CLEAR LIQUID. I ASKED
⁰⁰ OITZLER "WHAT IS THIS?" ⁰⁰ HE TOLD ME CLEANING
 SUPPLIES TO CLEAN THE FECEES UP. I ASKED HIM
 WHERE WERE THE RUBBER GLOVES OR A SCRUBBING
 PAD OR A WASH-CLOTH ⁰⁰ THAT I DIDN'T HAVE
 NONE OF THAT. HE CLOSED THE DOOR IN MY

FACE SAYING WALKING OFF THAT HE WAS TRYING
 TO BE NICE. HE REFUSED TO HAVE
 THE WORKER - PORTER CLEAN IT UP, WHO HAD ON
 RUBBER GLOVES, OR MOVE ME TO ANOTHER CELL.
 CELLS # 24, 27, & 29 ARE UNOCCUPIED &
 CURRENTLY VACANT. AS AN EMERGENCY GRIEVANCE
 THE WARDEN JOHN H. VARGA WAS PUT ON NOTICE
 & FAILED TO ACT AS WELL AS ALL ABOVE. SEE
 EXHIBITS C, D, E, F ATTACHED TO THIS
 COMPLAINT. ON 4-19-17 ALL THROUGHOUT THE
 DAY ON THE 1 TO 3 SHIFT I LITERALLY BEGGED
 OFFICER HIPSKY TO MOVE ME TO ANOTHER CELL
 DUE TO MY CELL HAVING FECES ALL OVER IT
 & MY IMMEDIATE EXPOSURE TO IT IS
 MAKING ME SICK & CAUSING ME GREAT MENTAL
 ANGUISH. OFFICER HIPSKY TAUNTED & MOCKED
 ME ALL DAY & MADE NO ATTEMPT TO
 ADDRESS OR RESOLVE THE ISSUES ONCE SO EVER.
 I AM LITERALLY BEING TORTURED & TREATED IN
 A CRUEL & UNREASONABLE MANNER. HUMAN
 DIGNITY IS NOT BEING RESPECTED. I ALSO
 INFORMED COUNSELOR HERNANDEZ & HE TOLD ME
 TO INFORM MY WING OFFICER & WALKED AWAY
 FROM MY CELL. I HAVE DID ALL I COULD
 WITHOUT GOING TO EXTREMES & IT IS MENTALLY
 TAXING TRYING TO ~~ADD~~ ADDRESS ISSUES TO

CORRECTIONAL PERSONNEL WHO TREAT YOU WITH
DISDAIN & AS A NUISANCE. SEE EXHIBIT G
ATTACHED. ON 4-20-17 ON THE 3 TO 11 SHIFT
OFFICER ALTIER HAD AN INMATE WORKER
ATTEMPT TO CLEAN THE CELL UNSUCCESSFULLY.
THE WORKER COULD NOT GET ALL THE FECEES
UP. ON 4-21-17 ON THE 3 TO 11 SHIFT I
WAS MOVED TO ANOTHER CELL, CELL #13,
FOR PURPOSES OF A CLEAN CELL.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

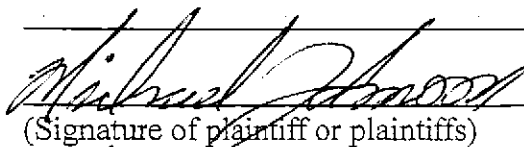
8th AMENDMENT VIOLATION
TO BE COMPENSATED \$20,000 FOR MY CONSTITUTIONAL
VIOLATIONS, ACTUAL INJURIES TO MY SKIN, MENTAL
ANGUISH & EMOTIONAL DISTRESS

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 14th day of DEC., 2017


(Signature of plaintiff or plaintiffs)

MICHAEL JOHNSON
(Print name)

R103104
(I.D. Number)

DIXON CORR. CTR.

2100 N. BRINTON AVE.

DIXON, IL 61021
(Address)

EXHIBIT
A

Fecha: 4-11-17	Delincuente: Michael Johnson	ID#: R63104
Instalacion actual: Dixon Corr. Ctr.	Instalaciones donde reclamo ocurra: Dixon Corr. Ctr.	
NATURALEZA DE LA QUEJA:		
<input type="checkbox"/> Bienes personales <input checked="" type="checkbox"/> Conducta personal <input type="checkbox"/> Denegacion de transferencia por servicio	<input type="checkbox"/> Manejo de correo <input type="checkbox"/> Dieteticos <input type="checkbox"/> Denegacion de transferencia por el Coordinador de transferencia	<input type="checkbox"/> La restauracion de tiempo bueno <input type="checkbox"/> Tratamiento medico <input checked="" type="checkbox"/> Otro (especifique): <u>CONDITIONS OF CONFINEMENT</u>
<input type="checkbox"/> Informe disciplinario: _____ Fecha de informe _____ Instalaciones donde emito _____		
Nota: las negaciones de custodia preventiva pueden ser lloraron inmediatamente a traves de la administracion local en la notificacion de estado de custodia protectora..		
Completo: Adjuntar una copia de cualquier documento pertinente (por ejemplo, un informe disciplinario, registro de Renault, etc.) y enviar a:		
Consejero, a menos que el tema implica la disciplina, se considera una emergencia o esta sujeto a revision directa por la Junta de revision administrativa.		
Queja oficial, solo si la cuestion implica la disciplina en la instalacion actual o la cuestion no resuelta por el consejero.		
Oficial Administrativo Jefe, solo si la EMERGENCIA reclamo.		
Junta de revision administrativa, solo si la cuestion implica transferencia negativa por el Coordinador de transferencia, custodia preventiva, administracion involuntaria de drogas psicotropicas, cuestiones de otra instalacion excepto bienes personales cuestiones o problemas no resueltos por el oficial administrativo jefe.		
El resumen del Agravio (Proporcionan la informacion incluso una descripcion de lo que paso, cuando y donde paso, y el nombre o informacion que se identifica para cada implicado): <u>ON 4-12-17 I WAS ASSIGNED TO CELL # 15 ON Q-WING OF X-HOUSE BY CORRECTIONAL OFFICER PHILIP LIEUTENANT HAENITSCH. ONCE I WAS SECURED IN THE CELL I OBSERVED UPON EXAMINATION OF THE CELL DRIED UP FECES SPREAD IN VARIOUS AREAS THROUGHOUT THE CELL. DRIED UP FECES IS ON THE LOWER WALLS AT BOTH ENDS OF THE BUNK. IT IS ALSO SPREAD ALL OVER THE HEATER VENT & ON THE METAL</u>		
El Alivio Pedido: <u>TO HAVE MY CELL CLEANED THOROUGHLY WITH BLEACH OR OR MOVED TO A SANITARY CELL & TO BE PROVIDED WITH A SANITARY MATTRESS.</u>		
<input checked="" type="checkbox"/> Solo comprobar si se trata de un reclamo de EMERGENCIA debido a un riesgo sustancial de imminente lesiones personales o otros graves o irreparables dagan a si mismo.		
Michael Johnson (Firma del delincuente)		R63104 ID#
		4, 11, 17 Fecha
(Seguir en reverso, si es necesario)		

Respuesta del consejero (si procede)		
Fecha Recibido: _____	<input type="checkbox"/> Enviar directamente al reclamo oficial	<input type="checkbox"/> Fuera de competencia de esta instalacion. Enviar a Junta de revision administrativa, P.O. Box 19277, Springfield, IL 62794-9277
Respuesta: _____ _____ _____ _____		
Imprimir/nombre del Consejero	(Firma del consejero)	Fecha de respuesta

REVISION DE EMERGENCIA		
Fecha Recibido: 4, 28, 17	Esto determina que es un caracter de emergencia? <input type="checkbox"/> Si; acelerar la queja de emergencia	
<input checked="" type="checkbox"/> No; una situacion de emergencia no es justificado. Delincuente debe presentar esta queja de la manera normal.		
(Firma del oficial Administrativo Jefe)		4, 28, 17 Fecha

BED FRAME, TOP & BOTTOM. DRIED UP SPIT IS ALL OVER THE WALLS. THE CELL IS FILTHY & UNSANITARY. I INFORMED LIEUTENANT HAENITSCH & OFFICER PHILIP OF THE SITUATION & LIEUTENANT HAENITSCH RESPONDED BY TELLING ME I SHOULDN'T HAVE REFUSED HOUSING. OFFICER PHILIP JUST LOOKED AT ME NOT RESPONDING. I TOLD BOTH THAT THE CELL NEEDED CLEANING & I ASKED FOR CLEANING SUPPLIES & I WAS DENIED. THE NEXT DAY ON 4-13-17 I INFORMED OFFICER HIPSKY OF THE SITUATION AS RELATED ABOVE & HE FLAT OUT IGNORED ME. I AM IN A ROOM RESTRICTION STATUS WHERE I AM IN A CELL 23 HOURS A DAY & AM ALLOWED OUT OF CELL TIME ONE HOUR PER DAY. THERE IS A PARTICULAR INMATE WHO SPREADS FECES ALL OVER HIMSELF & IN EVERY CELL HE GOES IN. THIS IS A MENTAL HEALTH UNIT & THE CELLS ARE NOT BEING CLEANED PROPERLY. OFFICER PHILIP WAS THE OFFICER WORKING THE WING/UNIT WHEN I CAME TO O-WING ON THE 7 TO 3 SHIFT. THAT INMATE WAS IN THIS CELL & AT ONE POINT BEFORE I GOT ASSIGNED TO IT. I AM COMPLETELY INDIGENT & CANNOT BUY CLEANING SUPPLIES ON MY OWN. I AM AT THE COMPLETE MERCY OF CORRECTIONAL OFFICIALS. ALSO, ON 3-7-17 I WAS PROVIDED WITH A MATTRESS THAT WAS UNSANITARY & FILTHY THAT WAS TORN BADLY & CLUMPED UP & REMINISCENT OF A BEAN BAG. TO PROTECT MYSELF, & TIRED OF SLEEPING ON A METAL BEDFRAME, I ASKED FOR SOME PLASTIC BAGS TO COVER THE MATTRESS UP & WAS ALLOWED TO DO SO AT THAT TIME. HOWEVER, ON 4-12-17 I WAS MADE TO GIVE THE PLASTIC BAGS TO OFFICER PHILIP & LIEUTENANT HAENITSCH WHO BOTH TOLD ME THAT I WAS NOT ALLOWED TO HAVE PLASTIC BAGS. I EXPLAINED AT LENGTH THE DIRE NEED FOR THE PLASTIC BAGS PERTAINING TO THE SAFETY & HEALTH OF MY SKIN (THE BIGGEST ORGAN OF THE BODY) & NONE OF THIS WAS TAKEN INTO CONSIDERATION. I WAS MADE TO GIVE THE BAGS UP TO OFFICER PHILIP & AM NOW BEING FORCED TO SLEEP ON AN UNSANITARY MATTRESS. I HAVE WORKED SO HARD TO CURE SKIN INFECTIONS & I AM NOW BREAKING OUT ALL OVER AGAIN. NOT ONLY IS THIS UNFAIR, BUT IT IS CRUEL & UNUSUAL. FOR THE LAST FEW DAYS I'VE BEEN TRYING TO GET GRIEVANCES IN ENGLISH BUT THERE HAS BEEN NONE IN THE CELL HOUSE ACCORDING TO OFFICERS. I AM FORCED TO GRIEVE THESE MATTERS ON A SPANISH GRIEVANCE TO ADDRESS THE ISSUE ADMINISTRATIVELY TO INSTITUTIONAL PERSONNEL IN HOPES OF A SOLUTION AS SOON AS POSSIBLE.

Dixon Correctional Center

EXHIBIT
B

Offender Information: Johnson Michael MI ID#: B63104

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Dixon Correctional Center

[illegible]

DEPARTAMENTO DE CORRECCIONES DE ILLINOIS
QUEJA DEL DELINCUENTE

Fecha: <u>4-17-17</u>	Delincuente: <u>MICHAEL JOHNSON</u> (Sirvase imprimir)	ID#: <u>RL3104</u>
Instalacion actual: <u>DIXON CORR. CTR.</u>	Instalaciones donde reclamo ocurria: <u>DIXON CORR. CTR.</u>	

NATURALEZA DE LA QUEJA:

<input type="checkbox"/> Bienes personales	<input type="checkbox"/> Manejo de correo	<input type="checkbox"/> La restauracion de tiempo bueno	<input type="checkbox"/> Alojamiento de ADA Disability
<input checked="" type="checkbox"/> Conducta personal	<input type="checkbox"/> Dieteticos	<input type="checkbox"/> Tratamiento medico	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Denegacion de transferencia por servicio	<input type="checkbox"/> Denegacion de transferencia por el Coordinador de transferencia	<input checked="" type="checkbox"/> Otro (especifique): <u>CONDITIONS OF CONFINEMENT</u>	

☐ Informe disciplinario: _____ Fecha de informe _____ Instalaciones donde emitio _____

Nota: las negaciones de custodia preventiva pueden ser lloraron inmediatamente a traves de la administracion local en la notificacion de estado de custodia protectora.

Completo: Adjuntar una copia de cualquier documento pertinente (por ejemplo, un informe disciplinario, registro de Renault, etc.) y enviar a: Consejero, a menos que el tema implica la disciplina, se considera una emergencia o esta sujeto a revision directa por la Junta de revision administrativa.
Queja oficial, solo si la cuestion implica la disciplina en la instalacion actual o la cuestion no resuelta por el consejero.
Oficial Administrativo Jefe, solo si la EMERGENCIA reclamo.
Junta de revision administrativa, solo si la cuestion implica transferencia negativa por el Coordinador de transferencia, custodia preventiva, administracion involuntaria de drogas psicotropicas, cuestiones de otra instalacion excepto bienes personales cuestiones o problemas no resueltos por el oficial administrativo jefe.

El resumen del Agravio (Proporcionan la información incluso una descripción de lo que pasó, cuando y donde pasó, y el nombre o información que se identifica para cada implicado):

ON THE ABOVE DATE, IN THE COMMUNITY GROUP MEETING IN THE A.M. HOURS ON D-WING OF X-HOUSE, I VERBALLY INFORMED MENTAL HEALTH PROFESSIONAL MISS WOODS & CORRECTIONAL OFFICER DISLER, WHO WAS WORKING THE WING, THAT I AM IN A CELL WITH FECEES ALL ON THE WALLS & BEDFRAME & THAT MY EVERY ATTEMPT TO HAVE THE CELL CLEANED PROPERLY OR IN

El Alivio Pedido: TO BE MOVED TO A SANITARY CELL FOR MY OVERALL PHYSICAL & MENTAL SAFETY, HEALTH & WELL BEING IMMEDIATELY. FOR THE VIDEO FOOTAGE OF D-WING, FROM 7:00 A.M. TO 9:00 P.M., TO BE PRESERVE

☒ Solo comprobar si se trata de un reclamo de EMERGENCIA debido a un riesgo sustancial de inminente lesiones personales o otros graves o irreparables daños a si mismo.

Firma del delincuente: Michael Johnson ID# RL3104 Fecha 4.17.17

(Seguir en reverso, si es necesario)

Respuesta del consejero (si procede)

Fecha Recibido: _____	<input type="checkbox"/> Enviar directamente al reclamo oficial <input type="checkbox"/> Fuera de competencia de esta instalacion. Enviar a Junta de revision administrativa, P.O. Box 19277, Springfield, IL 62794-9277
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Respuesta: _____

Imprimir/nombre del Consejero

Firma del consejero

Fecha de respuesta

REVISION DE EMERGENCIA

Fecha Recibido: _____	Esto determina que es un caracter de emergencia? <input type="checkbox"/> Si; acelerar la queja de emergencia <input type="checkbox"/> No; una situacion de emergencia no es justificado. Delincuente debe presentar esta queja de la manera normal.
-----------------------	---

Firma del oficial Administrativo Jefe

Fecha

THE ALTERNATIVE HAVE ME MOVED TO ANOTHER CELL IS BEING IGNORED, FALLING UPON DEAF EARS, & BRUSHED OFF. MHP MISS WHOATE DOWN SOMETHINGS & SAID SHE WOULD TRY TO HAVE THE ISSUE ADDRESSED. I THEN TURNED TO OFFICER OISLER & ASKED HIM FOR CLEANING SUPPLIES TO CLEAN UP THE FECES OR BE MOVED TO ANOTHER CELL & OFFICER OISLER TOLD ME TO STOP BEING DISRESPECTFUL WHILE MISS WHOATE IS TALKING & ULTIMATELY IGNORED ME. AFTER GROUP I SPECIFICALLY ASKED ~~THE~~ HIM TO SEE A LIEUTENANT TO ADDRESS THE ISSUE WHILE ME & % OISLER WERE WALKING TO MY CELL TO LOCK ME UP & HE TOLD ME IF HE WASN'T TOO BUSY. CORRECTION: HIS NAME ISN'T SPelled OISLER. THE PROPER SPELLING IS OIZLER. I CAUGHT LIEUTENANT NEWMAN ON THE GALLERY & DELAYED THE ISSUE TO HIM & HE WROTE SOMETHING DOWN & TOLD ME HE WOULD SEE WHAT'S AVAILABLE & MOVED ME. BEING IN CLOSE QUARTERS & CONTACT WITH EXCREMENT, BODILY WASTE, IS A MAJOR HEALTH HAZARD & JUST CRUEL & UNUSUAL TO THE UTMOST. MY FOOD IS BROUGHT TO MY CELL FOR BREAKFAST, LUNCH, & DINNER & I EAT IN MY ~~CELL~~ CELL. SINCE I'VE BEEN IN THIS CELL I HAVE NOT BEEN EATING EXCEPT WHEN I AM EXTREMELY HUNGRY BECAUSE I HAVE NO ~~APPETITE~~ APPETITE DUE TO THE MENTALLY STRESSING CIRCUMSTANCES. ALL THE ABOVE HAPPENED ON THE 7 TO 3 SHIFT I ALSO TOLD ACTING SUPERINTENDENT HENDRICKS ABOUT THE ISSUE OF ME BEING EXPOSED TO SOMEONE ELSE'S FECES IN MY CELL & HE WROTE SOMETHING DOWN & TOLD ME HE WOULD TRY & GET ME MOVED. THIS TOOK PLACE ON THE 7 TO 3 SHIFT ALSO. I ALSO TOLD LIEUTENANT KINUNSON WHO TOLD ME HE WOULD LOOK INTO THE MATTER. SHORTLY AFTER I TOLD LT. KINUNSON (KINUNSON, KUNUNSON, OR KINUNSON???) % OIZLER & AN INMATE WORKER, PORTER, CAME & BROUGHT ME A MILK CARTON WITH A CLEAR LIQUID. I ASKED % ~~THE~~ OIZLER "WHAT IS THIS?" & HE TOLD ME CLEANING SUPPLIES TO CLEAN THE FECES UP. I ASKED HIM WHERE WERE THE RUBBER GLOVES OR A SCRUBBING PAD OR A WASH-CLOTH & THAT I DIDN'T HAVE NONE OF THAT. HE CLOSED THE DOOR IN MY FACE SAYING WALKING OFF THAT HE WAS TRYING TO BE NICE. HE REFUSED TO HAVE THE WORKER - PORTER CLEAN IT UP, WHO HAD ON RUBBER GLOVES, OR MOVE ME TO ANOTHER CELL. CELLS #24, 27, & 29 ARE UNOCCUPIED & CURRENTLY VACANT. LT. KINUNSON'S BADGE NUMBER IS 2090. THIS GRIEVANCE IS ALSO PUTTING WARDEN JOHN B. VARGA & THE GRIEVANCE OFFICER JAMES MARTENS ON NOTICE. I ALSO NOTIFIED % SITTER TO NO AVAIL ONCE SO EVER.

COUNTY OF LEEA F F I D A V I TEXHIBIT
D

I, Sylvester Boston M42598, under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

On 4-17-17 on the 7:03 Shift At the unit community meeting / Group at approximately 8:30am. I was sitting right next to Inmate Michael Johnson "R 63104" personally Bearred witness to Johnson inform mental health professional Miss Woods & officer Ditzler that I was seeing feces in his cell & he would like to be moved to another cell. I am a volunteer worker and I personally saw feces myself in the cell & I told Johnson I was cleaning up any feces. I will testify to All Herein In a court of law.

Subscribed and Sworn to before me this 16th day of May,

2017.

Sally A Joos
Notary Public

Respectfully Submitted,

Sylvester Boston Jr.

Affiant

Name: Sylvester Boston Jr. M42598

ID#

Dixon Correctional Center
Correctional Center

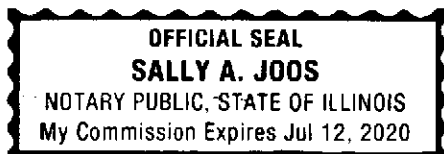


EXHIBIT
E

A F F I D A V I T

I, DELVANO ROBERSON #B37581, under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

ON 4-17-17, ON THE 7 TO 3 SHIFT, AROUND 1:00 P.M. ⁰ 2:00 P.M., I WAS THE VOLUNTEER WORKER WHO ACCOMPANIED OFFICER DIZHER TO INMATE MICHAEL JOHNSON'S (HE3104) CELL ON UNIT X0 - ~~00~~ CELL #15. I WAS INSTRUCTED BY OFFICER DIZHER TO GIVE JOHNSON SOME DISINFECT TO CLEAN UP SOME FECES IN HIS CELL. ONLY A MILK CARTON WITH DISINFECT WAS PROVIDED TO HIM ⁰ NOTHING ELSE. AS I WAS HOLDING THE MILK CARTON TO GIVE TO JOHNSON HE ASKED ⁰ DIZHER WHERE THE OTHER CLEANING SUPPLIES WERE ⁰ MADE REFERENCE TO A TOWEL, A SCRUBBING PAD, BLEACH, ⁰ SOME GLOVES. ⁰ DIZHER SLAMMED THE CELL DOOR IN JOHNSON'S FACE REPLYING HE TRIED TO BE NICE. I

Subscribed and Sworn to before me this 17 day of April, 2017.

Notary Public

Respectfully Submitted,

Delvano Roberson

Affiant

Name: DELVANO ROBERSON

ID# B37581 - DIXON

Correctional Center

EXHIBIT
E

A F F I D A V I T

I, DELVANO ROBERSON #B37581, under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

PERSONALLY OBSERVED THE FEES IN THE CELL & SAW IT
THERE BEFORE JOHNSON MOVED IN THE CELL. I WILL
TESTIFY TO ALL HEREIN IN A COURT OF LAW. I HAVE
READ THE FOREGOING & CONFIRM & VERIFY &
AFFIRM ALL HEREIN WITH MY SIGNATURE.
PURSUANT TO 28 USC 1746, 18 USC 1621, OR ILCs 5/1-109, I
DECLARE, UNDER PENALTY OF PERJURY THAT EVERYTHING
CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF
MY KNOWLEDGE AND BELIEF. I DO DECLARE AND AFFIRM
THAT THE MATTER AT HAND IS NOT TAKEN EITHER
TRIVOLOUSLY OR MALICIOUSLY AND THAT I BELIEVE THE
FOREGOING MATTER IS TAKEN IN GOOD FAITH.

Subscribed and Sworn to before
me this 17 day of April,
2017.

Notary Public

Respectfully Submitted,

Delvano Roberson

Affiant

Name: DELVANO ROBERSON

ID# B37581 - OIXON
Correctional Center

XD-15

EXHIBIT
F

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

DIXON Correctional Center

Rash

Offender Information:

Johnson
Last NameMichael
First Name

MI

ID#: R03104

Date/Time	Subjective, Objective, Assessment	Plans
830 AM 4-18-17	RN/LPN SICK CALL	P) MD Referral
	S) - How long have you had a rash 2 mos	- Chicken Pox/Shingles/Staph (MRSA) infection or scabies suspected poss.
	- Any past similar episodes Yes - acne cream tx	- Condition with abnormal vital signs NO
	- If so how treated See above	- Lesions around eyes NO
	- Were you in contact with any known or new irritant (i.e., soap, different foods, environmental exposure, etc) NO	- Lesions with signs of infection NO
	- Any Hx of allergies NO	- Skin condition resistant to TX protocol or associated with infection YES
	- How often do you wash and kind of soap used State shower daily	- Draining lesions NO
	- Does the rash itch or burn At times both	- HIV (+) NO
	O) T 96.9 BP 84 R 14 WT	- Recurrent symptoms YES
	- Note location, type of rash and size sm. red bumps on neck, back, + chest	- Known contact with infectious individual NO
	- Observe all skin eruptions for signs of infection: heat, redness, drainage or honey-colored circular lesions, which could indicate a staph infection and requires MD Referral NO	Placed on NP Tuell Line for 4/19/17. Called Minter, RN to add to line.
	- List of medications Doxycycline 50mg AM; Robaxin 500mg BID; Naproxen 500mg BID; Prozac 10mg AM	No MD Referral
	- HIV status neg	- Cleanse skin gently
	- Check for any associated secondary infections None	- Hydrocortisone 1.0% Cream, apply topically b.i.d to rash. Do not apply to open wounds or lesions or suspected fungal infections. May use if needed for up to 7 days

OVER

DEPARTAMENTO DE CORRECCIONES DE ILLINOIS
QUEJA DEL DELINCUENTE

Fecha: 4-19-17 Delincuente: MICHAEL JOHNSON ID#: R63104
(Sirvase imprimir)

Instalacion actual: Dixon corr. cth. Instalaciones donde reclamo ocurria: X Dixon corr. cth.

NATURALEZA DE LA QUEJA:

☐ Bienes personales ☐ Manejo de correo ☐ La restauracion de tiempo bueno ☐ Alojamiento de ADA Disability

☒ Conducta personal ☐ Dieteticos ☐ Tratamiento medico ☐ HIPAA CONDITIONS OF CONFINEMENT

☐ Denegacion de transferencia por servicio ☐ Denegacion de transferencia por el Coordinador de transferencia ☒ Otro (especificar):

☐ Informe disciplinario: 1 1 Fecha de informe 1 Instalaciones donde emito 1

Nota: las negaciones de custodia preventiva pueden ser lloraron inmediatamente a traves de la administracion local en la notificacion de estado de custodia protectora..

Completo: Adjuntar una copia de cualquier documento pertinente (por ejemplo, un informe disciplinario, registro de Renault, etc.) y enviar a: Consejero, a menos que el tema implica la disciplina, se considera una emergencia o esta sujeto a revision directa por la Junta de revision administrativa. Queja oficial, solo si la cuestion implica la disciplina en la instalacion actual o la cuestion no resuelta por el consejero. Oficial Administrativo Jefe, solo si la EMERGENCIA reclamo. Junta de revision administrativa, solo si la cuestion implica transferencia negativa por el Coordinador de transferencia, custodia preventiva, administracion involuntaria de drogas psicotropicas, cuestiones de otra instalacion excepto bienes personales cuestiones o problemas no resueltos por el oficial administrativo jefe.

El resumen del Agravio (Proporcionan la informacion incluso una descripcion de lo que paso, cuando y donde paso, y el nombre o informacion que se identifica para cada implicado):

ON THE ABOVE DATE ALL THROUGHOUT THE DAY ON THE 7 TO 3 SHIFT I LITERALLY BEGGED OFFICER RIPSKEY TO MOVE ME TO ANOTHER CELL DUE TO MY CELL HAVING FECEES ALL OVER IT & MY IMMEDIATE EXPOSURE TO IT IS MAKING ME SICK & CAUSING ME GREAT MENTAL ANGUISH. OFFICER RIPSKEY TAUNTED & MOCKED ME ALL DAY & MADE NO ATTEMPT TO BE MOVED TO ANOTHER CELL IMMEDIATELY!!!

El Alivio Pedido: TO BE MOVED TO ANOTHER CELL IMMEDIATELY!!!

☒ Solo comprobar si se trata de un reclamo de EMERGENCIA debido a un riesgo sustancial de inminente lesiones personales o otros graves o irreparables danos a si mismo.

Michael Johnson R63104 4.19.17
Firma del delincuente ID# Fecha

(Seguir en reverso, si es necesario)

Respuesta del consejero (si procede)

Fecha Recibido: 1 1 ☐ Enviar directamente al reclamo oficial ☐ Fuera de competencia de esta instalacion. Enviar a Junta de revision administrativa, P.O. Box 19277, Springfield, IL 62794-9277

Respuesta: _____

Imprimir/nombre del Consejero

Firma del consejero

Fecha de respuesta

REVISION DE EMERGENCIA

Fecha Recibido: 4.28.17 Esto determina que es un caracter de emergencia? ☐ Si; acelerar la queja de emergencia

☒ No; una situacion de emergencia no es justificado. Delincuente debe presentar esta queja de la manera normal.

Jim Varga 4.28.17
Firma del oficial Administrativo Jefe Fecha

TO ADDRESS OR RESOLVE THE ISSUES ONCE SO EVER. I AM LITERALLY BEING TORTURED & TREATED IN A CRUEL & UNREASONABLE MANNER. HUMAN DECENCY IS NOT BEING RESPECTED & I AM BEING DENIED THE RIGHT OF BEING TREATED WITH INTEGRITY & AS A HUMAN BEING. THERE IS NO JUSTIFICATION FOR KEEPING ME IN A CELL ALL DAY WITH FECS SPREAD IN VARIOUS AREAS OF THE CELL. FOR SEVEN DAYS THUS FAR. I ALSO INFORMED COUNSELOR HERNANDEZ & HE TOLD ME TO INFORM MY WING OFFICER & WALKED AWAY FROM MY CELL. I HAVE DONE ALL I COULD TO GET MOVED OUT OF THIS CELL WITHOUT GOING TO EXTREMES & IT IS MENTALLY TAXING TRYING TO ADDRESS ISSUES TO CORRECTIONAL PERSONNEL WHO TREAT YOU WITH DISDAIN & AS A NUISANCE. IN FACT, I SAW THE NURSE TODAY (MEDICAL PERSONNEL FOR A THRIVING SKIN CONDITION I'M PLAGUED WITH) & I TOLD HER I WAS IN A CELL WITH FECS ALL OVER IT. I WAS LITERALLY TOLD I HAVE A LIST OF TOO MANY ISSUES THAT I'M COMPLAINING ABOUT. THE ONLY THING I AM LEFT TO DO IS SUFFER & ENDURE AGAINST MY WILL. IT LITERALLY FEELS LIKE MICROSCOPIC CREATURES ARE ~~CHAWING~~ CHAWING ALL OVER ME LIKE ~~CHEAP~~ CREEPY CRAWLERS CHAWING ALL OVER ME. OFFICER BIPSKY IS THE FIVE DAY OFFICER & HE REFUSES TO TAKE ME SERIOUSLY. THIS ISSUE IS AN EMERGENCY BECAUSE MY HEALTH IS AT ISSUE & THE LONGER I STAY IN THIS CELL THE MORE I SUFFER. I'M BREAKING OUT ALL OVER AGAIN. THE HEALTH OF MY SKIN IS DETERIORATING DUE TO SUCH Prolong EXPOSURE. THIS IS UNFAIR!!!

Michael Johnson, R63174
2600 No. Brinton Avenue
Dixon, Illinois 61021

U.S. DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
327 So. Church Street
Rockford, Illinois 61101

Legal Mail

